



**Secretary of State  
Business Programs Division**

Business Entities

1500 11th Street, Sacramento, CA 95814  
P.O. Box 944260, Sacramento, CA 94244-2600

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## **Business Entities Submission Cover Sheet**

For fastest service, file online at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).

### **Instructions:**

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit [www.sos.ca.gov/business/be/processing-dates](http://www.sos.ca.gov/business/be/processing-dates).
- To obtain a certified copy, include certification fees with your submission.

**Note: All correspondence related to your submission will be sent to the name and address on your check or money order.**

### **Contact Person (Please type or print legibly):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Entity Information (Please type or print legibly):**

Entity Name: \_\_\_\_\_

Entity Number (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# State of California Secretary of State

GP-1A

File # \_\_\_\_\_

Document # \_\_\_\_\_

## General Partnership Statement of Partnership Authority - Conversion

Filing Fee: \$100 - \$150; Certification Fee (Optional): \$5.00

This Space For Filing Use Only

### Converted Entity Information

1. Name of General Partnership				
2. Street Address of the Principal Office - <i>Do not list a P.O. Box</i>	City	State	Zip Code	
3. Street Address of the Principal California Office, if any - <i>Do not list a P.O. Box</i>	City	State <b>CA</b>	Zip Code	
4. Mailing Address of the Principal Office, if different from Items 2 or 3	City	State	Zip Code	
5. <b>If the converting entity is a California corporation or limited partnership, you must designate an initial agent for service of process:</b> Item 5a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may <b>not</b> list the converted entity as the agent. Item 5b: If the agent is an individual, list the agent's CA business or residential street address. Item 5c: If the agent is an individual, list the the agent's mailing address. <b>Do not</b> list an address if the agent is a CA registered corporate agent as the address for service of process is already on file.				
a. Name of Initial Agent For Service of Process				
b. <b>If an individual</b> , Street Address of Agent for Service of Process in CA - <i>Do not list a P.O. Box</i>	City	State <b>CA</b>	Zip Code	
c. <b>If an individual</b> , Mailing Address of Agent for Service of Process	City	State	Zip Code	
6. Names of the partners authorized to execute instruments transferring real property held in the name of the partnership (attach additional pages, if necessary).				
Partner Name	Partner Name	Partner Name		
7. Either list the full names and mailing addresses of all partners (attach additional pages, if necessary), or proceed to Item 8.				
Name	Address	City	State	Zip Code
Name	Address	City	State	Zip Code
8. State the full name and mailing address of an agent appointed and maintained by the partnership who will maintain a list of the names and mailing addresses of all partners.				
Name	Address	City	State	Zip Code

### Converting Entity Information

9. Name of Converting Entity		
10. Form of Entity	11. Jurisdiction	12. CA Secretary of State Entity Number, if any
13. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class: <u>The class and number of outstanding interests entitled to vote.</u> AND <u>The percentage vote required of each class.</u>		

### Additional Information

14. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.	
15. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.	
_____ Signature of Authorized Person	_____ Type or Print Name and Title of Authorized Person
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